

[] Fall [] spring [] summer 20_____

REGISTRATION - REGISTRATION - REGISTRATION

STUDENT INFORMATION

FIRST NAME	MIDDLE INITIAL	LAST NAME		
BIRTH DATE ____-__-____	EMAIL _____			
DAY PHONE (____)-__-____	EVENING PHONE (____)-__-____	CELL PHONE (____)-__-____		
ADDRESS	CITY	ST	ZIP	

REGISTRATION INFORMATION

CLASS TITLE	SEC./ DATE	FEE	+	SUPPLY FEE (if applicable)	TOTAL FEES
TOTAL REGISTRATION FEES					

PAYMENT OPTIONS

ENCLOSED IS MY CHECK OR MONEY ORDER (# _____) IN THE AMOUNT OF \$_____ MADE PAYABLE TO LCSC

CHARGE MY VISA MASTER CARD DISCOVER AMERICAN EXPRESS

ACCOUNT NUMBER: _____ EX DATE: ____/____ VCODE: _____

NAME AS SHOWN ON CARD _____ SIGNATURE _____

REGISTER ON LINE OR WITH OUR OFFICE TODAY!

Visit WWW.LCSC.EDU/CE for more information and additional registration forms

refund policy

Cancellation seven or more days prior to first day of class – FULL refund. Cancellation one to six days prior to first day of class – NO monetary refund – credit toward future class only. No refund on material charges. Cancellation on day of first class – NO refund, NO credit. If you received a discount for a class, only a credit will be issued for a cancellation. Cancellation must be done by phone or in person and your birthdate is required for processing.

OFFICE USE ONLY

DATE RECEIVED _____ DEPOSIT _____ REGISTERED _____ OTHER _____